

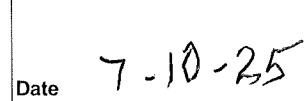
RETAIL FOOD ESTABLISHMENT INSPECTION REPORT State Form 57480 (R2 / 4-25) INDIANA DEPARTMENT OF HEALTH FOOD PROTECTION DIVISION		7-20-25 Release Date		N/A		Date 7-10-25	
		No. of Risk Factor/Intervention Violations		0		Time In 3:20	
		No. of Repeat Risk Factor/Intervention Violations		0		Time Out 4:00pm	
Establishment MOTHER'S CURBOARD		Address 646 Memorial Dr		City/State Nashville TN		Zip Code 47448	
Telephone 812-929-4369		License/Permit # N/A		Permit Holder Meck Boyd		Purpose of Inspection ROUTINE	
Est. Type SOUP KITCHEN		Risk Category 3					

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS							
Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable				Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation			
Compliance Status				COS		R	
Supervision							
1	☒ IN ☐ OUT ☐ N/A ☐ N/O	Person in charge present, demonstrates knowledge, and performs duties					
2	☒ IN ☐ OUT ☐ N/A ☐ N/O	Certified Food Protection Manager					
Employee Health							
3	☒ IN ☐ OUT ☐ N/A ☐ N/O	Management, food employee and conditional employee; knowledge, responsibilities and reporting					
4	☒ IN ☐ OUT ☐ N/A ☐ N/O	Proper use of restriction and exclusion					
5	☒ IN ☐ OUT ☐ N/A ☐ N/O	Procedures for responding to vomiting and diarrheal events					
Good Hygienic Practices							
6	☒ IN ☐ OUT ☐ N/A ☐ N/O	Proper eating, tasting, drinking, or tobacco products use					
7	☒ IN ☐ OUT ☐ N/A ☐ N/O	No discharge from eyes, nose, and mouth					
Preventing Contamination by Hands							
8	☒ IN ☐ OUT ☐ N/A ☐ N/O	Hands clean & properly washed					
9	☒ IN ☐ OUT ☐ N/A ☐ N/O	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed					
10	☒ IN ☐ OUT ☐ N/A ☐ N/O	Adequate handwashing sinks properly supplied and accessible					
Approved Source							
11	☒ IN ☐ OUT ☐ N/A ☐ N/O	Food obtained from approved source					
12	☒ IN ☐ OUT ☐ N/A ☐ N/O	Food received at proper temperature					
13	☒ IN ☐ OUT ☐ N/A ☐ N/O	Food in good condition, safe, & unadulterated					
14	☒ IN ☐ OUT ☐ N/A ☐ N/O	Required records available: molluscan shellfish identification, parasite destruction					
Protection from Contamination							
15	☒ IN ☐ OUT ☐ N/A ☐ N/O	Food separated and protected					
16	☒ IN ☐ OUT ☐ N/A ☐ N/O	Food-contact surfaces; cleaned & sanitized					

GOOD RETAIL PRACTICES							
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.							
Mark "X" in box if numbered item is not in compliance				Mark "X" in appropriate box for COS and/or R			
				COS=corrected on-site during inspection R=repeat violation			
Compliance Status				COS		R	
Safe Food and Water							
30	☐	Pasteurized eggs used where required					
31	☐	Water & ice from approved source					
32	☐	Variance obtained for specialized processing methods					
Food Temperature Control							
33	☐	Proper cooling methods used; adequate equipment for temperature control					
34	☐	Plant food properly cooked for hot holding					
35	☐	Approved thawing methods used					
36	☐	Thermometers provided & accurate					
Food Identification							
37	☐	Food properly labeled; original container					
Prevention of Food Contamination							
38	☐	Insects, rodents, & animals not present					
39	☐	Contamination prevented during food preparation, storage & display					
40	☐	Personal cleanliness					
41	☐	Wiping cloths: properly used & stored					
42	☐	Washing fruits & vegetables					

Compliance Status				COS		R	
Proper Use of Utensils							
43	☐	In-use utensils: properly stored					
44	☐	Utensils, equipment & linens: properly stored, dried, & handled					
45	☐	Single-use/single-service articles: properly stored & used					
46	☐	Gloves used properly					
Utensils, Equipment and Vending							
47	☐	Food & non-food contact surfaces cleanable, properly designed, constructed, & used					
48	☐	Warewashing facilities: installed, maintained, & used; test strips					
49	☐	Non-food contact surfaces clean					
Physical Facilities							
50	☐	Hot & cold water available; adequate pressure					
51	☐	Plumbing installed; proper backflow devices					
52	☐	Sewage & wastewater properly disposed					
53	☐	Toilet facilities: properly constructed, supplied, & cleaned					
54	☐	Garbage & refuse properly disposed; facilities maintained					
55	☐	Physical facilities installed, maintained, & clean					
56	☐	Adequate ventilation & lighting; designated areas used					

Person In Charge (Signature) <i>Melissa K Parker</i>		Date: 7/10/25
Inspector (Signature) <i>[Signature]</i>		Follow-up: YES NO (Circle one) Follow-up Date:



7-10-25

**RETAIL FOOD ESTABLISHMENT INSPECTION REPORT**State Form 57480 (R2 / 4-25)
INDIANA DEPARTMENT OF HEALTH
FOOD PROTECTION DIVISIONN/A
License/Permit #

Date

7-10-25

Establishment

Mothers Emporium

Address

646 Memorial Rd

City/State

Nashville TN

Zip Code

47478

Telephone

812-928-4369

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-26, Indiana Retail Food Establishment Sanitation Requirements. Violations cited in this report must be corrected within the time frames below or as stated in Section 475 and 476 of the Indiana Retail Food Establishment Food Code.

Complete by Date:

Published Comment

Kolpak walk-in cooler product testing at 43°
main upper level of acceptable temp. Please turn down unit
38 - to 41° is recommended for coolers

Person In Charge (Signature)

M. Joseph R. Parkin

Date:

7/10/25

Inspector (Signature)

[Signature]

Date:

7-10-25